

Case Conceptualization

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Mid-Term Paper: Case Conceptualization; Kevin

Personal Data

Kevin is a 21-year-old African American male in college undertaking a business management course. He is self-referred for depressive symptoms and anxiety attacks, including reported moods of “sadness,” “rage,” and “emptiness.” He says that most of his difficulties involve family, friends, and peers who regularly “disrespect” him and “plot against him behind his back.” Kevin is heterosexual and reports that he is not in any romantic relationship. He lives with his mother, stepfather, and two siblings. His stepfather owns a local business firm in Dallas, while his mother is a stay-at-home mother. His stepfather has been around for six years, and Kevin considers him his father. His biological father died in a road accident. He is from a loving and financially stable household and gets to help at his father's firm over the holidays. Kevin is a relatively good-looking young man of medium build with a good physique. He actively engages in sports and is usually well-dressed and groomed for our sessions. He reports for our sessions on time with his parents and occasionally with his best friend. On most occasions, Kevin is quiet for long periods but well-articulated and composed when spoken to. He exhibits exceptional mannerisms and social etiquette when addressing his seniors.

Presenting Concern

Kevin sought counseling services to reduce his chronic anxiety, social anxiety, and depressive symptoms, affecting his social and school life. His mother reports that Kevin occasionally exhibits oppositional behavior at home, especially with his father and younger brother. Kevin has a bad attitude and occasionally argues with his parents. Kevin believes that he has little control over his irritability and anger. When asked why he is in counseling, Kevin responds, “I do not have anger issues.” When asked what an anger problem is, he claimed, “I

never back off anybody." Kevin's parents claimed that their relationship with their son was strained when he became a teen. His parents claimed they were concerned about Kevin's ability to make sensible life choices in difficult situations instead of resorting to violence and acting out.

Kevin also exhibited avoidant behavior and social isolation. His parents report that he rarely cleans up at home and fails to perform errands if asked. He also has difficulty making decisions, exhibits defiant and irritable behavior, and has trouble concentrating. He also reports having difficulty sleeping, decreased appetite, difficulty relaxing, and significant fatigue. During one of our evaluation sessions, Kevin was somewhat depressed. He was in wrinkled, baggy jeans; he did not sit or stand up straight, made no eye contact, and did not smile throughout the therapy session. His body movements were careless and slow. He also exhibited pervasive life-long worry symptoms and a strong tendency to over-analyze situations and decisions.

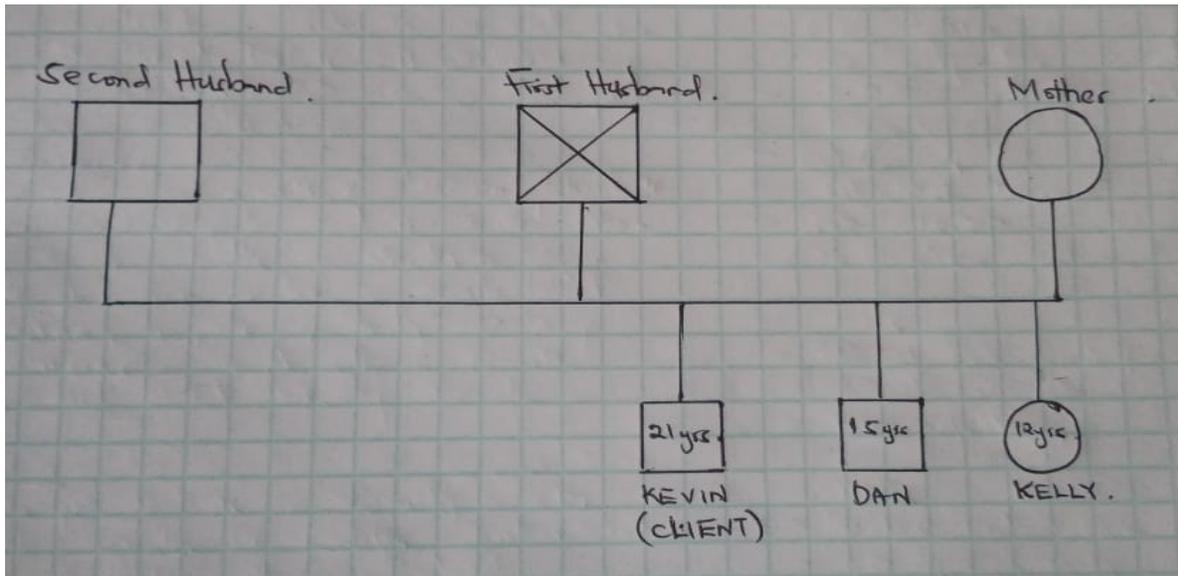
Background Information

Kevin is the eldest son and lives with his parents and younger siblings, Dan and Kelly. Dan is 15 years old, while Kelly is 12 years old. Kevin reports that he was born and raised in Dallas. Kevin is currently out of school because of his depressive symptoms, making it hard to concentrate on his studies. His friends and family describe him as intelligent and highly capable when devoted to a task. He reports having been in numerous heterosexual relationships but claims no active sex life. Kevin described his early childhood as somewhat lonely and himself as introverted and wanted to be extroverted. He reports that he has been anxious throughout his life. He denies past psychological treatment but reports reading self-help books on anxiety.

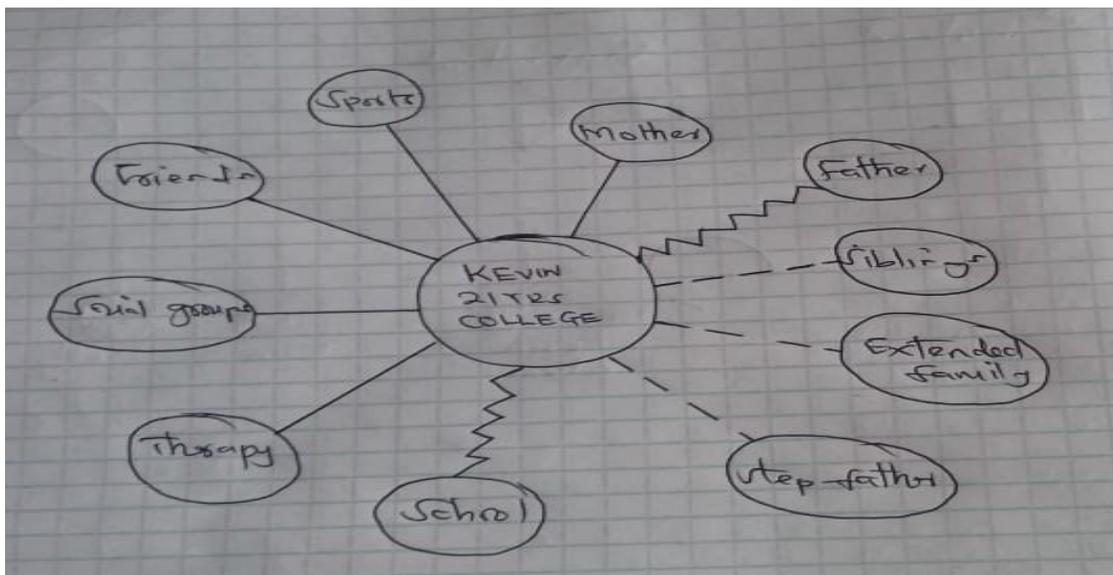
After our first therapy session, Kevin clearly outlined his goals and learned how to prioritize them. He claimed he wanted to learn constructive ways to manage and reduce his anxiety and better control his emotions and stress. He also expressed the desire to improve his

overall mood and confidence. Finally, Kevin wanted to develop healthy decision-making processes and expand his social circle. Kevin has no history of drug and substance abuse and has never been involved with the criminal justice system, although he has been involved in minor fights with his peers at school and home. Earlier in therapy, Kevin exhibited progress with his goals.

Genogram



Eco-Map



Client-Strengths

Kevin is highly motivated for counseling. He is compassionate, hardworking, and determined to attain his therapy goals. Kevin's family is a protective factor, and they support his choice to seek counseling services. He engages in numerous leisure activities using sports to manage his stress. Kevin is goal-oriented and focused when he applies himself.

Client Limitations

The client has low-stress coping mechanisms with frequent symptoms of irritability and anxiety. Kevin also has mild difficulties with recent memory and attention. He tends to self-medicate with alcohol occasionally when he feels depressed or anxious.

Counselor's Conceptualization of the Problems

Kevin meets the diagnostic criteria for Generalized Anxiety Disorder. Kevin disclosed that he had had interpersonal difficulties as a little boy. He claimed that he has always felt as though he is not normal. According to Erikson, children usually struggle with servitude vs. industry. During this stage, individuals develop self-confidence, self-esteem, and trust in their abilities (Maree, 2022). Erikson argued that children and young adults who fail to develop a sense of self-reliance and confidence tend to feel inferior about their abilities. Based on the client's assessments, he may have failed to develop trust and self-confidence, which negatively impacts his ability to form meaningful relationships. Kevin continues to experience social isolation and phobia, although he desires to form meaningful social networks. Applying the data from Kevin's assessment and reports with the theoretical frameworks proposed by Erikson highlights the essence of helping Kevin have meaningful social networks with peers and family.

It is essential to approach Kevin's case using Rational Emotive Behavior Therapy to understand his internalized behaviors better. In early childhood, we learn and internalize

irrational ideas and beliefs from people close to our social circle (Szentagotai-Tatar et al., 2021). This approach makes the relationship between Kevin and his parents, siblings, and peers crucial in understanding his behavior and problems. According to Trip et al. (2019), irrational thinking and behaviors lead to self-hate, culminating in self-sabotaging behaviors and social isolation. Kevin's experiences and perception of being inadequate significantly impacted his growth. He continually views himself as inferior, which has cultivated a sense of inferiority, predisposing him to deviant behavior. This helps him to insulate himself from experiencing feelings of inferiority.

When handling Kevin's case from a Solution-Focused Theory perspective, it is essential to consider numerous factors in his social and personal life (Walker et al., 2022). Occasionally, Kevin becomes stuck in his social problems and negative thinking patterns. He falls into self-hatred and doubt when faced with challenging life scenarios. Failing in his schoolwork made Kevin feel that he was really inferior rather than further hardworking. This prompted him to isolate himself significantly. Daniel's relationship with his parents and extended family has not been that good, negatively affecting his social perception of others.

Treatment Plan

The initial step in our therapy session is to identify Kevin's goals and relevant objectives. We would then focus on the client's strengths to chart measurable and identifiable ways to enhance our intervention plan. Since Kevin stated that he has always been anxious and feels inferior, our sessions will begin with this goal. Increasing his self-confidence will significantly influence his ability to associate with others, enhancing the treatment outcome. The main aim is to help Kevin make little positive changes, making it easier to achieve the treatment goals. With his motivation for counseling, the outcome of the therapy sessions is judged to be positive.

Based on the theoretical conceptualization, the treatment plan will focus on increasing his social support system and developing his self-confidence and industriousness. Adolescence and early adulthood usually involve learning to combine rational and irrational thinking and handling their changing social personalities. This implies that establishing good peer relationships and family support is essential in helping the client develop appropriate anger and anxiety control mechanisms. In Kevin's case, it is appropriate to adopt an anger and anxiety regulation program emphasizing cognitive-behavioral techniques such as Rational Emotive Behavioral Therapy (REBT) (Waltman & Palermo, 2019). This cognitive model will focus on composure, arousal reduction, and cognitive restructuring. The behavioral aspect will focus on problem-solving techniques, social skills, and behavioral modification. I will use the REBT program to actively teach the client positive social behaviors, strengthen his interpersonal skills, and help him learn ways to decelerate anger and anxiety arousal, which will eventually reduce his aggressive and anxious behavior.

Socially anxious and irritable individuals cannot recognize their feelings of anxiety, anger, and sadness in different situations. These people usually label their arousal as anger, predisposing them to anxiety (Richey et al., 2019). Role-playing and modeling will be crucial features in the treatment plan. Through modeling, I can speak my thoughts on a situation, offer a solution, and provide the possible consequences for each solution. On the other hand, role-playing will involve letting the client practice social, interpersonal, and cognitive skills while at the same time increasing his empathy skills (Genc & Tolan, 2021).

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